



Office of Public Charter School Financing and Support  
Public Charter School Replication and Growth Grant  
**ACTION PLAN TEMPLATE and BUDGET**

Fiscal Year Ending: 2010

School: \_\_\_\_\_

Principal/Director: \_\_\_\_\_

Requested Funding Amount \_\_\_\_\_ \$ \_\_\_\_\_

Please indicate the grant phase your school is in by checking the appropriate box:

<b>Implementation Year:</b> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3				
<b>GOAL 1:</b> <b>Need Statement:</b> <b>Objective:</b> <b>Methods of Evaluation:</b>				
Goal/Detailed Activity	Person Responsible	Indicators of Success	Date to be Completed	Budgeted Amount
1.1				
1.2				
1.3				



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<b>GOAL 2:</b> <b>Need Statement:</b> <b>Objective:</b> <b>Methods of Evaluation:</b>				
Goal/Detailed Activity	Person Responsible	Indicators of Success	Date to be Completed	Budgeted Amount
2.1				
2.2				
2.3				



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<b>GOAL 3:</b> <b>Need Statement:</b> <b>Objective:</b> <b>Methods of Evaluation:</b>				
Goal/Detailed Activity	Person Responsible	Indicators of Success	Date to be Completed	Budgeted Amount
3.1				
3.2				
3.3				